



# PRE-TEEN CAMP 2012

## JUNE 25-29

### 3-6 GRADES COMPLETED

We have an exciting week planned for our pre-teens (3-6 grade completed) as we head to Mt. Lebanon this summer. Keith Coast will be our camp pastor and Uncle Charlie will lead our worship. Each day is filled with fun activities, like the alpine tower, swimming pool, rock-climbing and zip line, along with relevant Bible Studies and worship services to show kids the love of Jesus. Counselors are pre-screened and are with the children at all times for safety.

**Cost: \$180.00** (Includes 4 nights lodging, all meals, T-shirt and all activities)

**Forms:** Registration Form  
Oak View Release Form  
10 Commitments  
Patton Scholarship Form

**Scholarships:** Available on an as needed basis. Please fill out the Patton Scholarship form and return to Adelle in the church office **by Thursday, May 24**. *Forms received after May 24 will not be accepted by Mt. Lebanon.*

**Due date for all other forms and money: Friday, June 15**

#### **Parent and Camper Meeting: June 3, Noon in the Worship Center**

Every camper and at least 1 parent/guardian is required to be at this year's parent/camper meeting. This is to ensure that everyone has the same information, knows the expectations, and is aware of the rules and details. **If you cannot make the meeting, you must call the church office to schedule a one-on-one meeting with Ron.**

Check out these websites to find out more about our camp leaders:

keithcoast.com  
unclecharlie.com

**Questions?** Please e-mail Adelle at [adelle@ovbc.net](mailto:adelle@ovbc.net)  
or call the church office 972.790.3629, M-F, 8:00 a.m. - 5:00 p.m.

**Camp Website: [www.MtLebanonCamp.com](http://www.MtLebanonCamp.com)**

Connecting people to the life-changing love of Christ.



**oak view**  
baptist church

1004 S. Story Rd., Irving TX 75060

972.790.3629

[www.ovbc.net](http://www.ovbc.net)

## 2012 CAMPER REGISTRATION FORM

Name: \_\_\_\_\_ Date of Camp: \_\_\_\_\_ Sex: (M/F) \_\_\_\_\_

Birth Date: \_\_\_\_\_ Age: \_\_\_\_\_ Grade Completed by End of School Year 2012 \_\_\_\_\_

Street Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of Church You Are Attending Camp With: \_\_\_\_\_ City/ State \_\_\_\_\_

Parent / Legal Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: Daytime \_\_\_\_\_ Evening \_\_\_\_\_ Cell \_\_\_\_\_

Parent / Legal Guardian Email: \_\_\_\_\_

Additional Emergency Contact Information Other Than Parent/ Legal Guardian:

Name: \_\_\_\_\_ Cell \_\_\_\_\_ Relationship \_\_\_\_\_

### PARENT/ LEGAL GUARDIAN'S STATEMENT OF PARTICIPATION, ASSUMPTION OF RISK, AND RELEASE OF LIABILITY

#### 1. ACKNOWLEDGMENT OF INHERENT RISKS

I certify that I am aware of the inherent risks associated with outdoor camp activities, as well as the inherent risks of being on camp property. Notwithstanding, I hereby give my child permission to participate in all camp activities. Further, in consideration for Mt. Lebanon agreeing to accept the above named child as a camper, I hereby personally assume all risks in connection with my child's attendance and participation in the events at Mt. Lebanon.

#### 2. ACKNOWLEDGEMENT OF FINANCIAL RESPONSIBILITY

In the event that my child is injured on camp property or during camp activities, I acknowledge that I shall be personally liable for, and agree to pay, all costs and associated expenses incurred in connection with medical and/or dental services rendered to my child in response to said injury.

#### 3. LIMITATIONS ON INSURANCE COVERAGE

I understand that my personal insurance coverage will be the primary coverage. Only limited secondary accident and illness coverage is provided by Mt. Lebanon for health care needs, such as doctor office visits, hospital emergency room visits, or ambulance/ medi-flight services. I acknowledge that claims to be submitted under such coverage are time sensitive, and must be filed within 30 days of the date of injury. I agree to the release of any records necessary for treatment, referral, billing or insurance purposes.

#### 4. RELEASE AND HOLD HARMLESS AGREEMENT

I agree to release and hold harmless the Dallas Baptist Association, Mt. Lebanon Encampment, it's trustees, employees, agents, and representatives for any injury, harm, or other damage by any occurrence in connection with my child's participation in camp activities in any form or fashion. I further agree to release and hold harmless Dallas Baptist Association, Mt. Lebanon Encampment, it's trustees, employees, agents, and representatives from any claim by me, or my family, estate, heirs or assigns out of my child's participation in activities at Mt. Lebanon.

#### 5. PRE-AUTHORIZATION FOR MEDICAL TREATMENT

I hereby authorize any medical and/ or surgical treatment, including but not limited to hospital care, to be rendered to my child, as needed in the judgment of the treating physician, who is chosen by the Camp Director or any employee working under him/her, as circumstances require. I further authorize the Mt. Lebanon health staff to render first-aid and to administer medications as prescribed and programmed on the *Dosage & Frequency Chart*, executed by the parent or guardian.

#### 6. ACKNOWLEDGMENT OF RESPONSIBILITY FOR DAMAGES

I agree that I am financially responsible for any damage to camp property caused by my child, including any acts of graffiti.

#### 7. CONSENT TO ADDRESS DISCIPLINARY PROBLEMS

The above named camper agrees to obey and observe all camp rules, and to fully cooperate with the adult leadership, camp staff, and other campers. I agree that, if in the judgment of the adult leadership and/ or camp staff, my child becomes a discipline problem, my child may be sent home, at my expense, and that I will forfeit all camp fees paid.

#### 8. USE OF CHILD'S PHOTOGRAPH FOR PROMOTIONAL PURPOSES

I agree and consent that my child's photograph may be used for promotional purposes or publicity material by Mt. Lebanon.

I acknowledge that I am the parent or authorized guardian of the above named child. By my signature below, I acknowledge that I have read and understand the information set forth above, including the release and hold harmless agreement.

\_\_\_\_\_  
PARENT/ GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

### CAMPER MEDICAL REQUIREMENTS AND INSTRUCTIONS

1. All prescription and non-prescription medications must be kept in original containers and properly labeled as prescribed by law.
2. All prescription and non-prescription medications must be presented to the camp health supervisor, or other first-aid personnel, upon arrival and check-in at Mt. Lebanon. Medications must be stored and dispensed from the camp health center.
3. Campers are not allowed to keep or self-administer any medication in accordance with the Texas Department of State Health Services regulations.
4. If a child requires an asthma inhaler or a prescribed antidote for allergies or insect bites, bring at least two to camp. One must be kept closely guarded by and the responsibility of the camper. The other must be given to and registered with the camp health supervisor or other first-aid personnel.
5. List any medical problems, medical alerts, allergies, or other relevant health information on the *Camper Health and Medication Form*.
6. Accurately fill out the *Dosage and Frequency Chart* and write, if necessary, any special instructions or remarks.
7. Place all medications and a copy of the *Camper Health and Medication Form* and *Dosage and Frequency Chart* in a heavy-duty, quart sized zip-lock bag with the camper's name and name of church written with a black marker on the outside of the bag.

Camp Name: \_\_\_\_\_ Date: \_\_\_\_\_

Camper's Name: \_\_\_\_\_ Church \_\_\_\_\_

**INSURANCE INFORMATION** (You may attach a photocopy of your current Health Insurance Card.)

Insured Member's Name: \_\_\_\_\_ Member ID \_\_\_\_\_

Camper's Father's Date of Birth \_\_\_\_\_ Camper's Mother's Date of Birth \_\_\_\_\_

Health Insurance Provider: \_\_\_\_\_ Group ID \_\_\_\_\_

Health Insurance Provider Phone Number(s): \_\_\_\_\_

Primary Care Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

**GENERAL HEALTH INFORMATION** (If necessary, attach additional copies of information which address camper health concerns.)

List any health information that would be relevant to an attending physician in the case of an emergency: \_\_\_\_\_

\_\_\_\_\_

List any Chronic or Recurring Illnesses or Diseases: \_\_\_\_\_

\_\_\_\_\_

List any Food, Medicine, or other Significant Allergies: \_\_\_\_\_

\_\_\_\_\_

List any pre-existing injuries which occurred before attending camp \_\_\_\_\_

\_\_\_\_\_

Date of last Tetanus Shot: \_\_\_\_\_ List Current Immunizations: \_\_\_\_\_

**MEDICATIONS**

I give my permission to the camp's health supervisor, or other first-aid personnel, to administer the following non-prescription, over-the-counter, medications as indicated by checking below:

\_\_\_\_ Acetaminophen (i.e. Tylenol)

\_\_\_\_ Ibuprofen (i.e. Advil)

\_\_\_\_ Decongestant (i.e. Sudafed)

\_\_\_\_ Antihistamine (i.e. Benadryl, Claritin)

\_\_\_\_ Antihistamine Cream

\_\_\_\_ Antibacterial Ointment

\_\_\_\_ Antacid Tablet (i.e. Tums)

\_\_\_\_ Cough Medicine

\_\_\_\_ (List other medication)

Parent/ Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_

**Medication Dosage and Frequency Chart**

Place all medications and a copy of the *Camper's Health and Medication Form* and a copy of the *Dosage and Frequency Chart* in a heavy-duty, gallon sized zip-lock bag. Using a permanent black marker, print the camper's name and name of church on the outside of the zip-lock bag. If necessary, make additional copies of the *Dosage and Frequency Chart*. Medications must be kept in the original container and properly labeled as prescribed by law.

Medication	Dosage/Time	Monday	Tuesday	Wednesday	Thursday	Friday
		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____
		_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____	_____ _____ _____

# Oak View Baptist Church

## Medical & Liability Release

Name of Student \_\_\_\_\_

Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Allergies (include food allergies): \_\_\_\_\_

\_\_\_\_\_

Medications taken: \_\_\_\_\_

\_\_\_\_\_

Event: Preteen Camp at Mt. Lebanon

Event Date: June 25-29, 2012

I understand that in the event of medical intervention is needed, every attempt will be made to contact the persons listed on this form. In the even I cannot be reached in an emergency, I hereby give permission to the physician or dentist selected by the activity leader to secure medical treatment and/or to order an injection, anesthesia, or surgery for my child as deemed medically necessary.

I understand that my health insurance coverage for my child will provide primary coverage in the event medical treatment or intervention is needed.

I agree to allow the identified student to participate in the activity identified above and understand all reasonable safety precautions will be taken at all times by Oak View Baptist Church and its agents. I understand the possibility of unforeseen hazards and know the inherent possibility of risk. I agree not to hold Oak View Baptist Church, its leaders, employees, and volunteer staff liable for any damages, losses, diseases, or injuries incurred as a result of the student's participation in this activity.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PLEASE REMEMBER TO PROVIDE THE INFORMATION REQUESTED  
ON PAGE 2 OF THIS FORM

PAGE 2 MEDICAL & LIABILITY RELEASE

EMERGENCY CONTACT PERSON

NAME \_\_\_\_\_

Address (if different from student) \_\_\_\_\_

\_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

ALTERNATE CONTACT PERSON

NAME \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

**Parents: Please read over with your child. Have your child write his/her initials by each number, and then sign at the bottom. Registration is not complete until this is done.**

Name \_\_\_\_\_ Oak View Baptist Church

### **10 Commitments of an Oak View Preteen Camper**

- \_\_\_\_\_ 1. I will take a positive attitude and help when possible.  
I will put away my tray each meal  
I will keep my bunk area clean and participate in cabin clean up.  
I will be a good sport while playing games.
- \_\_\_\_\_ 2. I will go to camp for the right purpose.... to learn about God's love for me and how to follow Jesus.  
I will participate in Bible studies and activities.  
I will be on time for all scheduled events.  
I will not talk, sleep, write notes do crafts or make noises during Bible study in the cabin or during worship in the auditorium.
- \_\_\_\_\_ 3. I will go to sleep after "lights out" so that I'll be rested for the next day. If I cannot sleep,  
I will rest quietly and not disturb other campers.
- \_\_\_\_\_ 4. I will not fight with hit, kick, push or throw rocks or anything else at other campers.  
This will ensure safety for all campers.
- \_\_\_\_\_ 5. I will report anything that gets broken to an adult shepherd immediately after it happens.  
This shows respect of the property of the camp. I understand that if I break something,  
I may be asked to pay for it.
- \_\_\_\_\_ 6. I will not curse, speak disrespectfully, or argue with campers or shepherds. What I say at camp is  
very important.
- \_\_\_\_\_ 7. I will ensure the privacy of other campers.  
I will not enter the girls' side of the cabin if I am a boy, or the boy's side of the cabin if I am a girl.  
I will keep the doors dividing our cabin closed.
- \_\_\_\_\_ 8. I will not leave my group without permission of my Shepherd. A shepherd must accompany  
campers at all times.
- \_\_\_\_\_ 9. I will not take or touch items that do not belong to me or without the owner's permission.  
I will turn in lost items immediately to a Shepherd.
- \_\_\_\_\_ 10. I will not cut or save places in line.

### **Consequences of breaking a commitment will include loss of the following privileges:**

-Canteen line (no cokes or candy), Pool Time, Free Time, Being Sent Home

Some campers will be especially be honored for going beyond these ten commitments listed above. These very special campers do more than they are asked. Some of the ways you can be a very special camper is by:

1. Making your bed each day and keeping your clothes and other items in your suitcase.
2. Wiping off the tables where you ate your meal and taking trays that others have left.
3. Picking up trash outside the cabin and cleaning the cabin meeting area.
4. Passing out pens and pencils during Bible study.
5. Making friends with people you don't know in our group, and invite them to sit with you for meals.

**I have read through the 10 Commitments listed above with my parents/guardian and understand each of them. In order to make this the best Preteen Camp ever, I promise to do my best to keep each of them.**

Child's signature: \_\_\_\_\_ Date \_\_\_\_\_

Parents signature: \_\_\_\_\_ Date \_\_\_\_\_

Mt. Lebanon Encampment  
Dallas Baptist Association  
**2012 PATTON SCHOLARSHIP APPLICATION**  
(Thomas W. and Pauline Patton Trust Fund Scholarship)

**HISTORY** In 1945, Thomas W. and Pauline Patton donated 503 acres of ranch land in southwest Dallas County to the Dallas Baptist Association. The purpose was to establish a Christian summer camp for children and young people which became known as Mt. Lebanon Baptist Encampment. In addition to the gift of the property, an endowment fund was later established which provides limited scholarships to children and young people to attend Dallas Baptist Association summer camps and other associational events at Mt. Lebanon.

**ELIGIBILITY** The *Standing Rules of the Dallas Baptist Association* concerning churches receiving financial assistance will be strictly observed for the 2012 summer camps. To be eligible to apply for Patton Scholarship financial support, a church must meet the following criterion which has been established by the Dallas Baptist Association Executive Board:

- 1) An Annual Church Profile (ACP) must be received for the previous year,
- 2) The church must demonstrate continued support for the Dallas Baptist Association through an established pattern of regular giving.

*(Approved by Executive Board Action May 22, 1990; Revised by Executive Board Action on November 27, 2000)*

Questions about a church's eligibility to receive financial assistance may be directed to Roger Jackson.

[rjackson@mtlebanoncamp.com](mailto:rjackson@mtlebanoncamp.com) or [aemery@mtlebanoncamp.com](mailto:aemery@mtlebanoncamp.com)

**HOW TO APPLY** The applicant's pastor must determine the appropriate amount of financial assistance needed and sign the application. Scholarships are based on 25% or 50% maximum of the total camp fees. Actual amounts awarded to each individual are based on the total number of requests received, as well as, the amount of funds available for a particular year.

**MAIL APPLICATION TO:** Mt. Lebanon Encampment  
Attn: Amber Emery  
PO Box 427  
Cedar Hill, Texas 75106-0427

**FAX APPLICATION TO:** 972.291.4958

Date of Application \_\_\_\_\_  
*(Application must be received in the Mt. Lebanon office at least 21 days prior to the scheduled event.)*

Name of DBA Event \_\_\_\_\_ Date of DBA Event \_\_\_\_\_

Applicant's Name \_\_\_\_\_ Age \_\_\_\_\_

Applicant's Parent or Guardian \_\_\_\_\_

DBA Church Submitting Application \_\_\_\_\_

Person Submitting Application \_\_\_\_\_

Contact Email \_\_\_\_\_ Phone \_\_\_\_\_

Amount of Scholarship Requested:                      **25%**                      **or**                      **50%**

Parent or Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Pastor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**For Office Use Only**

Date Application Received \_\_\_\_\_ Amount Authorized \_\_\_\_\_

